| IPDR6702 | : 02/21/2005 | | | NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT | | PAGE | : 1 | |
|----------|---------------------------|-------------|-----------|---|---------|---------|-----------|--------|
| RUN DATE | : 02/21/2005 | | | CHECKWRITE SUMMARY REPORT | | | | |
| | | | | FINANCIAL PAYER: NCDMH | | | | |
| | | | | | | | momar | moma r |
| PROVIDER | | HIGH DENIAL | NUMBER OF | | TNC | TOTAL | TOTAL | TOTAL |
| NUMBER | PROVIDER NAME | EOBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED | PAID |
| 3404901 | SMOKY MOUNTAINM | 8599 | 581 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | H/DD/SAS | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | 8935 | 108 | ASTNC INELIGIBLE TO RECEIVE SE | | | | |
| | | | | RVICES IN IPRS. | 160 | 914 | 1306 | 392 |
| | | | | | | | | |
| | | 191 | 92 | CLIENT ID NUMBER DOES NOT MATC | | | | |
| | | | 72 | H PATIENT NAME | | | | |
| | | | | | | | | |
| 3404904 | | 8599 | 1724 | DETAIL NOT COVERED BY COMBINAT | | | | |
| 3404904 | WESTERN HIGHLAN DS LME | 0399 | 1/24 | ION OF RECIPIENT, PROVIDER AND | | | | |
| | DS LINE | | | BENEFIT PACKAGE. | | | | |
| | | | 0.54 | | | | | |
| | | 21 | 951 | DUPLICATE OF CLAIM-SYSTEM | 295 | 3359 | 24216 | 20857 |
| | | | | | | | | |
| | | | 400 | | | | | |
| | | 8931 | 187 | AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| | + | | | ANTICAL IN LENG. | + | | | |
| | | | | | | | | |
| 3404905 | TREND COMM MENT | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | AL HLTH CTR | | | | | | | |
| | | | | | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| 3404907 | RUTHERFORD-POLK | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | NUTHERFORD-FOLK | | | | | | | |
| | | | | | | | | |
| | | 0 | 0 | | 0 | | | |
| | | | | | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| 3404910 | PATHWAYS | 8505 | 1219 | CLAIM DENIED DUE TO INSUFFICIE NT BUDGET | | | | |
| | | | | NI BUDGET | | | | |
| | | | | | | | | |
| | | 8599 | 142 | DETAIL NOT COVERED BY COMBINAT | 8 | 1773 | 4922 | 3149 |
| | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | 8800 | 130 | FURTHER PROCESSING NECESSARY, | | | | |
| | | | | PLEASE CHECK FOR CLAIM ON FUTURE RA'S. | | | | |
| | | | | 202012 141 01 | | | | |
| 3404912 | CATAWBA COUNTYM | 8505 | 638 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| | ENTAL HEALT | | | NT BUDGET | | | | |
| | | | | | | | | |
| | | 8599 | 17 | DETAIL NOT COVERED BY COMBINAT | 0 | 655 | 659 | 4 |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| 3404913 | MECKLENBURG COM | 8329 | 652 | CLAIM DENIED ATTENDING PROVIDE | | | | |
| | ENTAL HEALT | | | R CANNOT BE THE SAME AS | | | | |
| | | | | THE LMA | | | | |
| | | 8933 | 418 | ADTNC INELIGIBLE TO RECEIVE SE | 902 | 2199 | 7221 | 5022 |
| | | | | RVICES IN IPRS. | 902 | 2199 | 1221 | 3022 |
| | | | | | | | | |
| | | 8935 | 388 | ASTNC INELIGIBLE TO RECEIVE SE | | | | |
| | | | 300 | RVICES IN IPRS. | | | | |
| | | | | | | | | |
| 2404047 | | 21 | 222 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| 3404916 | CROSSROADS BEHA | 21 | 322 | DOFBICATE OF CLAIM-SYSTEM | | | | |
| | VIORAL HEAL | | | | | | | |
| | | | | | | | | |
| | | 8599 | 176 | DETAIL NOT COVERED BY COMBINAT | 13 | 872 | 11404 | 10532 |
| | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | | 4.40 | CLAIMS DENIED, SUBMITTED BEYON | 1 | | 1 | 1 |
| | | 8517 | 143 | | | | | |
| | | 8517 | 143 | D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM | | | | |

| DROUTE | 1 | UTOU DRAFTS | www.nn | | | | TOTAL | TOTAL |
|--------------------|-----------------|---------------------|----------------------|--------------------------------|---------|---------|-----------|--------|
| PROVIDER NUMBER | | HIGH DENIAL EOBS | NUMBER OF DENIALS | DESCRIPTION | TNC | TOTAL | CLAIMS | CLAIMS |
| NUMBER | PROVIDER NAME | EUBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED | PAID |
| 3404917 | CENTERPOINT HUM | 8599 | 570 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | AN SERVICES | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | III DIIIVIOIO | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | 11 | 492 | CLIENT NOT ELIGIBLE ON SERVICE | 44 | 1484 | 2680 | 119 |
| | | | | DATE | | | | |
| | | | | | | | | |
| | | 0.4 | | | | | | |
| | | 21 | 327 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3404918 | ROCKINGHAM CO M | 11 | 81 | CLIENT NOT ELIGIBLE ON SERVICE | | | | |
| | ENTAL HEALT | | | DATE | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 29 | DETAIL NOT COVERED BY COMBINAT | 18 | 166 | 1439 | 127 |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | 1 | 21 | 25 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | 1 | | | | | | - | |
| | | | | | | | - | ļ |
| 3404919 | | 8621 | 81 | 60 RESIDENTIAL LEVEL III TREAT | | | | |
| | GUILFORD CO MEN | | 1- | MENT RECEIVED, PA IS REQUIRED | | | + | - |
| | TAL HEALTHC | | | FOR ADDITIONAL SERVICE. | | | † | l |
| | | | | | | | | l |
| | | 21 | 37 | DUPLICATE OF CLAIM-SYSTEM | 2 | 171 | 4359 | 418 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 35 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| 3404920 | | 8505 | 1230 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| 3404920 | ALAMANCE CASWEL | 0303 | 1230 | NT BUDGET | | | | |
| | L AREA MH D | | | 11 202022 | | | | |
| | | | | | | | | |
| | | 8800 | 68 | FURTHER PROCESSING NECESSARY, | 4 | 1378 | 1691 | 31 |
| | | | | PLEASE CHECK FOR CLAIM ON | - | 1370 | 1031 | |
| | | | | FUTURE RA'S. | | | | |
| | | | | | | | | |
| | | 8599 | 43 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| 2121221 | | 5040 | 4.407 | | | | | |
| 3404921 | ORANGE PERSON C | 5312 | 1427 | PRIOR AUTHORIZED DOLLARS EXCEE | | | | |
| | HATHAM AREA | | | DED | | | | |
| | | | | | | | | |
| | | 8505 | 285 | CLAIM DENIED DUE TO INSUFFICIE | 42 | 2172 | E010 | 204 |
| | + | | | NT BUDGET | 42 | 2112 | 5012 | 284 |
| | | | | | | | | l |
| | | | | | | | | |
| | | 8599 | 164 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | - | | | |
| 3404922 | THE DURHAM CENT | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | ER | | | | | | | |
| | 1 | | | | | | - | |
| | 1 | 0 | 0 | | | | 1 | |
| | + | - | - | | 0 | 0 | 0 | |
| | + | 1 | | | | | + | - |
| 3404923 | VGFW AREA AUTHO | 5404 | 56 | SEVERE DUPLICATE: SAME ATTD PR | | | | |
| | RITY | | | OV/PCODE/TOS/DOS/MOD | | | | l |
| | | | | | | | | l |
| | | | | | | | | |
| | | 8599 | 23 | DETAIL NOT COVERED BY COMBINAT | 0 | 123 | 1543 | 133 |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | 7702 | 17 | IPRS DOES NOT ACCEPT ONE OR MO | - | | | |
| | | | | RE OF THE BILLED MODIFIERS | | | | |
| | | | | PLEASE CORRECT THE MODIFIER IN | | | | |
| | | | | 1 | | | <u> </u> | |
| | | | | | | | | |

| | | | | | | | TOTAL | TOTAL |
|---------|--------------------------------|-------------|-----------|--|---------|---------|-----------|--------|
| ROVIDER | | HIGH DENIAL | NUMBER OF | | TNC | TOTAL | CLAIMS | CLAIMS |
| UMBER | PROVIDER NAME | EOBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED | PAID |
| 404005 | | 21 | 2007 | DUDI TOURD OF GUNTH GUGERN | | | | |
| 404925 | SANDHILLS CENTE | 21 | 2987 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | R FOR MH/DD | | | | | | | |
| | | | | | | | | |
| | | 8505 | 2283 | CLAIM DENIED DUE TO INSUFFICIE | 394 | 12056 | 21465 | 9409 |
| | | | | NT BUDGET | | | | |
| | | | | | | | | |
| | | 8518 | 2129 | CLAIM DENIED, SUBMITTED BEYOND | | | | |
| | | 0310 | | FILING TIMELIMIT. MAY AND | | | | |
| | | | | JUNE DOS MUST BE SUBMITTED BY | | | | |
| | | | | | | | | |
| 404926 | SOUTHEASTERN RE | 8931 | 1227 | AMTNC INELIGIBLE TO RECEIVE SE | | | | |
| | G MENTAL HL | | | RVICES IN IPRS. | | | | |
| | | | | | | | | |
| | | 8599 | 920 | DETAIL NOT COVERED BY COMBINAT | 2228 | 6041 | 12813 | 6772 |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | - |
| | | | | BENEFIT PACKAGE. | | | | |
| | | 0005 | 0.70 | | | | | |
| | | 8935 | 872 | ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. | | | | |
| | | | | RVICES IN IFRS. | | | | |
| | | | | | | | | |
| 104927 | CUMBERLAND CO M | 8599 | 2143 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | HC | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | 8505 | 297 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| | 1 | 0303 | £31 | CLAIM DENIED DUE TO INSUFFICIE NT BUDGET | 0 | 2464 | 2965 | 501 |
| | - | - | | The constraint of the constrai | | | | |
| | 1 | + | | | | | | |
| | | 8800 | 7 | FURTHER PROCESSING NECESSARY, | | | | |
| | | | | PLEASE CHECK FOR CLAIM ON | | | | |
| | | | | FUTURE RA'S. | | | | |
| | | 4.4 | | | | | | |
| 404929 | LEE HARNETT MH/ | 11 | 86 | CLIENT NOT ELIGIBLE ON SERVICE DATE | | | | |
| | DD/SAS | | | D0114 D0 | | | | |
| | | | | | | | | |
| | | 21 | 38 | DUPLICATE OF CLAIM-SYSTEM | 0 | 162 | 413 | 251 |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 28 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | 0000 | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| 104930 | JOHNSTON COUNTY | 8505 | 159 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| | MNTL HLTHC | | | NT BUDGET | | | | |
| | | | | | | | | |
| | | 8800 | 23 | FURTHER PROCESSING NECESSARY, | 4 | 186 | 189 | 2 |
| | | | | PLEASE CHECK FOR CLAIM ON | , | 100 | 109 | , |
| | | | | FUTURE RA'S. | | | | |
| | | | | | | | | |
| | | 8935 | 3 | ASTNC INELIGIBLE TO RECEIVE SE | | | | |
| | | | | RVICES IN IPRS. | | | | |
| | 1 | 1 | | | | | | |
| 104931 | WAKE CO HUM SVC | 11 | 3024 | CLIENT NOT ELIGIBLE ON SERVICE | | | | |
| | BILLING OF | | | DATE | | | | |
| | | | | | | | | |
| | | 0500 | 10 | DEED LY NOT COURSE | | | | |
| | | 8599 | 10 | DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND | 3 | 3046 | 3131 | 85 |
| | - | - | | BENEFIT PACKAGE. | | | | |
| | 1 | | | | | | | |
| | | 8950 | 4 | CLIENT ONLY ENROLLED IN TRACKI | | | | |
| | | | | NG POP GROUP. MUST ALSO BE | | | | |
| | | | | ENROLLED IN A FUNDED POP GROUP | | | | |
| 104932 | | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| 04734 | RANDOLPH/SANDHI LLS CO MH C | | - | NO DATA TO REPORT | | | | |
| | DES CO MR C | | | | | | | |
| | 1 | | | | | | | |
| | | 0 | 0 | | 0 | 0 | 0 | 0 |
| - | | | | | | | | |
| 04022 | | 8505 | 167 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| 104933 | SOUTHEASTERN CT | 0000 | 157 | CLAIM DENIED DUE TO INSUFFICIE NT BUDGET | | | | |
| | R FOR MH/DD | - | | NI BODGET | | | | |
| | | | | | | | | |
| | | 11 | 62 | CLIENT NOT ELIGIBLE ON SERVICE | 17 | 328 | 2807 | 2460 |
| | 1 | | | DATE | - 17 | 520 | 2007 | _400 |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | 8329 | 2.4 | CLAIM DENIED ATTENDING PROVIDE | | | | |
| | | 1 | | R CANNOT BE THE SAME AS | | | | |
| | | | | THE LMA | | | | |

| PROVIDER | | | | I | | | TOTAL | TOTAL |
|----------|--------------------------------|------------------------------------|--|--|---------|---------|-----------|--------|
| | | HIGH DENIAL | NUMBER OF | | TNC | TOTAL | CLAIMS | CLAIMS |
| NUMBER | PROVIDER NAME | EOBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED | PAID |
| | PROVIDER NAME | | | | DENTALS | DENTALS | FINALIZED | FAID |
| 3404934 | ONSLOW COUNTY B | 11 | 90 | CLIENT NOT ELIGIBLE ON SERVICE | | | | |
| | EHAVIORAL H | | | DATE | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 21 | 81 | DUPLICATE OF CLAIM-SYSTEM | 2 | 228 | 1010 | 782 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 21 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| 3404935 | WAYNE CO MENTAL | 0 | 0 | *** NO DATA TO REPORT *** | | | | |
| | HEALTH CTR | | | | | | | |
| | | | | | | | | |
| | | 0 | 0 | | | | | |
| | | U | U | | 0 | 0 | 0 | (|
| | | | | | | | | |
| 3404936 | | 8505 | 379 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| 2404330 | WILSON-GREENE M | 0303 | 379 | NT BUDGET | | | | |
| | ENTAL HEALT | | | 11 202021 | | | | |
| | | | | | | | | |
| | + | 8599 | 7 | DETAIL NOT COVERED BY COMBINAT | - | 394 | 1114 | 720 |
| | | 1 | 1 | ION OF RECIPIENT, PROVIDER AND | 5 | 394 | 1114 | /20 |
| | | 1 | 1 | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | 8932 | 3 | CMTNC INELIGIBLE TO RECEIVE SE | | | | |
| | | | | RVICES IN IPRS. | | | | |
| | | | | | | | | |
| | | 1 | 1 | | | | | |
| 3404937 | EDGECOMBE NASH | 8505 | 27 | CLAIM DENIED DUE TO INSUFFICIE | | | | |
| | MNTL HLTH C | | 1 | NT BUDGET | | | | |
| | MAIL BLIE | | | | | | | |
| | | | | | | | | |
| | | 191 | 9 | CLIENT ID NUMBER DOES NOT MATC | 1 | 52 | 2359 | 2307 |
| | | | | H PATIENT NAME | _ | 32 | 2333 | 230 |
| | | | | | | | | |
| | | | | | | | | |
| | | 21 | 6 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3404938 | WCEW DDA DIWEDS | 24 | 24 | PROCEDURE CODE, PROCEDURE/MODI | | | | |
| | VGFW DBA RIVERS TONE COUNSE | | | FIER COMBINATION OR PROCEDURE | | | | |
| | TONE COUNSE | | | CODE/TYPE OF SERVICE COMBINATI | | | | |
| | | | | | | | | |
| | | 8931 | 10 | AMTNC INELIGIBLE TO RECEIVE SE | 15 | 50 | 1124 | 1074 |
| | | | | RVICES IN IPRS. | 13 | 50 | 1124 | 10/4 |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 9 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| 3404939 | NEUSE MENTAL HE | 8599 | 146 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | ALTH CENTER | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | Carrana | | | BENEFIT PACKAGE. | | | | |
| | | 1 | - | 1 | | | | |
| | 1 | | | | | | | |
| | | 11 | 35 | CLIENT NOT ELIGIBLE ON SERVICE | 0 | 216 | 2221 | 2004 |
| | | 11 | 35 | CLIENT NOT ELIGIBLE ON SERVICE DATE | 0 | 215 | 2221 | 2006 |
| | | 11 | 35 | | 0 | 215 | 2221 | 2006 |
| | | 11 | 35 | | 0 | 215 | 2221 | 2006 |
| | | 8622 | 35 | | 0 | 215 | 2221 | 2006 |
| | | | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED | 0 | 215 | 2221 | 2006 |
| | | | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM | 0 | 215 | 2221 | 2006 |
| | | | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED | 0 | 215 | 2221 | 2006 |
| 3404941 | PITT CO MH/DD/S | | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED | 0 | 215 | 2221 | 2006 |
| 3404941 | PITT CO MH/DD/S AS CENTER | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE. | 0 | 215 | 2221 | 2006 |
| 3404941 | PITT CO MH/DD/S AS CENTER | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE | 0 | 215 | 2221 | 2006 |
| 3404941 | | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE | 0 | 215 | 2221 | 2006 |
| 3404941 | | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON | 1 | 215 | 2221 | |
| 3404941 | | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR AEDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE | 0 | | | |
| 3404941 | | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON | 1 | | | |
| 3404941 | | 8622 | 27 77 57 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM | 1 | | | |
| 3404941 | | 8622 | 27 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE | 1 | | | |
| 3404941 | | 8622 | 27 77 57 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED POR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS | 1 | | | |
| 3404941 | | 8622 | 27 77 57 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE | 1 | | | |
| | | 8622 11 8517 | 27 77 57 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ACDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON O FILING TIMELIMIT, JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA | 1 | | | |
| | | 8622 | 27 77 57 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED POR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS | 1 | | | |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 | 27 27 27 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE CATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND | 1 | | | |
| | AS CENTER | 8622 11 8517 | 27 27 27 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM SENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT | 1 | | | |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 | 27 27 27 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE CATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND | 1 | | | |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 | 27 27 27 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE CATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND | 1 | 178 | 178 | C |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 8329 | 27 77 57 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECRIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MOST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | C |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 8329 | 27 77 57 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR AEDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND | | 178 | 178 | C |
| 3404941 | AS CENTER ROANOKE CHOWANH | 8622 11 8517 8329 | 27 77 57 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM SENIED ATTENDING PROVIDE A CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND | | 178 | 178 | C |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 8329 | 27 77 57 25 | DATE 60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM SENIED ATTENDING PROVIDE A CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNET PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND | | 178 | 178 | C |
| | AS CENTER ROANOKE CHOWANH | 8622 11 8517 8329 8599 | 27 77 57 25 | DATE 60 RESIDENTIAL LEVEL II TREATM 60 RESIDENTIAL LEVEL II TREATM FOR AEDITIONAL SERVICE. CLIENT NOT ELIGIBLE ON SERVICE CLIENT NOT ELIGIBLE ON SERVICE CLAIMS DENIED, SUBMITTED BEYON OF FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY | | 178 | 178 | |

| | | | | | | | TOTAL | TOTAL |
|----------|--------------------------------|--------------|-----------|---|---------|---------|-----------|--------|
| PROVIDER | | HIGH DENIAL | NUMBER OF | | TNC | TOTAL | CLAIMS | CLAIMS |
| NUMBER | PROVIDER NAME | EOBS | DENIALS | DESCRIPTION | DENIALS | DENIALS | FINALIZED | PAID |
| | PROVIDER NAME | | | | DENTALS | DENTALS | FINALIZED | FAID |
| 3404943 | AT DOMESTIC MONTHS | 21 | 2550 | DUPLICATE OF CLAIM-SYSTEM | | | | |
| | ALBEMARLE MENTA | == | | | | | | |
| | L HEALTH CE | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8931 | 54 | AMTNC INELIGIBLE TO RECEIVE SE | 78 | 2814 | 3642 | 756 |
| | | | | RVICES IN IPRS. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 537 | 46 | PROCEDURE IS NOT COVERED FOR T | | | | |
| | | | | HIS DATE OF SERVICE | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3404944 | EASTPOINTE HUMA | 8599 | 241 | DETAIL NOT COVERED BY COMBINAT | | | | |
| | N SERVICES | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | N SERVICES | | | BENEFIT PACKAGE. | | | | |
| | + | | 1 | * ' | 1 | | | l |
| | 1 | 8505 | 96 | CLAIM DENIED DUE TO INSUFFICIE | | | | 40 |
| | | 0000 | | NT BUDGET | 67 | 426 | 4708 | 4282 |
| | | | 1 | NI BODGEI | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8931 | 33 | AMTNC INELIGIBLE TO RECEIVE SE | | | | |
| | | | | RVICES IN IPRS. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3404946 | FOOTHILLS AREAM | 11 | 305 | CLIENT NOT ELIGIBLE ON SERVICE | | | | |
| | ENTAL HEALT | | | DATE | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 8599 | 18 | DETAIL NOT COVERED BY COMBINAT | 0 | 337 | 727 | 390 |
| | | | | ION OF RECIPIENT, PROVIDER AND | 0 | 337 | 121 | 330 |
| | + | | | BENEFIT PACKAGE. | | | | |
| | | | | DINIL 11 LICHOLL | | | | |
| | | 191 | 11 | CLIENT ID NUMBER DOES NOT MATC | | | | |
| | | 191 | 11 | | | | | |
| | | | | H PATIENT NAME | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 3404957 | TIDELAND MENTAL | 8599 | 375 | DETAIL NOT COVERED BY COMBINAT | | | | |
| 1 | HEALTH CTR | | | ION OF RECIPIENT, PROVIDER AND | | | | |
| | | | | BENEFIT PACKAGE. | | | | |
| | | | | | | | | |
| | | 8931 | 124 | AMTNC INELIGIBLE TO RECEIVE SE | 132 | 535 | 6004 | 5469 |
| | | | | RVICES IN IPRS. | | - | | |
| | | | | | | | | |
| | | | 1 | | | | | |
| | 1 | 21 | 28 | DUPLICATE OF CLAIM-SYSTEM | 1 | | | - |
| | | l | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2404070 | | 0500 | 150 | NAME OF THE PARTY | | | | |
| 3404979 | NEW RIVER AREAM | 8599 | 156 | DETAIL NOT COVERED BY COMBINAT | | | | |
| 3404979 | NEW RIVER AREAM H/DD/SA PRO | 8599 | 156 | ION OF RECIPIENT, PROVIDER AND | | | | |
| 3404979 | | 8599 | 156 | | | | | |
| 3404979 | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | | | | |
| 3404979 | | 8599 8931 | 156 | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE | 128 | 406 | 2729 | 2112 |
| 3404979 | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. | 128 | 406 | 2729 | 2112 |
| 3404979 | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE | 128 | 406 | 2729 | 2112 |
| 3404979 | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE | 128 | 406 | 2729 | 2112 |
| 3404979 | | | | ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE | 128 | 406 | 2729 | 2112 |